Public Document Pack

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm	Tuesday 10 January 2023	Barking Town Hall, Council Chamber

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Munib Chowdhury
Councillor Donna Lumsden
Councillor Paul Robinson

LONDON BOROUGH OF WALTHAM FOREST

Councillor Catherine Deakin

LONDON BOROUGH OF HAVERING

Councillor Patricia Brown
Councillor Christine Smith
Councillor Julie Wilkes

ESSEX COUNTY COUNCIL

Councillor Marshall Vance

LONDON BOROUGH OF REDBRIDGE

Councillor Sunny Brar
Councillor Beverley Brewer (Chairman)
Councillor Donna Lumsden
Councillor Bert Jones

EPPING FOREST DISTRICT COUNCIL

Councillor Kaz Rizvi
(Observer Member)

CO-OPTED MEMBERS:

Manisha Modhvadia, Healthwatch Barking & Dagenham
Ian Buckmaster, Healthwatch Havering
Emma Friddin, Healthwatch Redbridge

For information about the meeting please contact:
Anthony Clements
anthony.clements@oneSource.co.uk 01708 433065

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

Essex County Council

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

To receive apologies for absence (if any).

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any point prior to the consideration of the matter.

4 MINUTES OF PREVIOUS MEETING (Pages 1 - 6)

To agree as a correct record the minutes of the meeting of the Joint Committee held on 18 October 2022 (attached).

5 NHS NORTH EAST LONDON TRUSTS UPDATES (Pages 7 - 12)

Report attached.

6 CARE QUALITY COMMISSION INPATIENT SURVEY 2021 (Pages 13 - 22)

Report attached.

7 NORTH EAST LONDON INTEGRATED CARE STRATEGY DEVELOPMENT (Pages 23 - 40)

Report attached.

8 LEARNING FROM LIVES AND DEATHS (LEDER) REPORT - PEOPLE WITH A LEARNING DISABILITY AND AUTISTIC PEOPLE (Pages 41 - 42)

Report attached.

Anthony Clements
Clerk to the Joint Committee

MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Barking Town Hall, Council Chamber
18 October 2022 (4.00 pm – 6.10 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	
London Borough of Havering	Patricia Brown, Julie Wilkes and Christine Smith
London Borough of Redbridge	Beverley Brewer and Bert Jones
London Borough of Waltham Forest	Richard Sweden (substituting for Catherine Deakin)
Essex County Council	Marshall Vance

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

12 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised those in the Chamber what to do in case of an emergency.

13 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

Apologies were received from Councillors Donna Lumsden, Barking & Dagenham, Catherine Deakin, Waltham Forest (Richard Sweden substituting) and Kaz Rizvi, Epping Forest. Apologies were also received from Ian Buckmaster, Healthwatch Havering.

14 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

15 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Joint Committee held on 28 July 2022 were agreed by the Committee as a correct record and signed by the Chairman.

16 NHS NORTH EAST LONDON HEALTH UPDATES

The Chief Executive Officer (CEO) of Barking, Havering and Redbridge University Hospitals Trust (BHRUT) delivered an update on the Trust. Much work had been undertaken to reduce waiting lists in secondary care, which stood at around 65,000 patients at the end of August 2022 following the easing of some previous Covid-19 restrictions, and in reducing waiting times for appointments. Patients were also benefitting from faster diagnosis, as a result of funding from NHS England to increase diagnostic capacity. An additional 30,000 tests and scans had been able to be undertaken at Barking Community Hospital this financial year, through an additional MRI scanner and CT scanner. A Community Diagnostic Centre was also being established at Barking Community Hospital to manage waiting lists and ensure timely care for patients.

The CEO of BHRUT explained that the Trust had been working to ensure that people were able to get access to the emergency care that they needed at the right time, focusing initially on Queen's Hospital before learning could be implemented at King George's Hospital; there were owever external constraints around how the Trust worked with its partners in the Urgent Treatment Centre and in maintaining flow through the hospital.

The next phase of the Trust's improvement work was Project Snowball; designed to ensure that patients were being treated in the most suitable location. The initial focus was on the over 75s, ensuring that these patients were being moved from the Emergency Department to the frailty unit, where they would be looked after by specialist medical staff. This project would be extended into other areas such as acute medicine, over the coming winter.
To strengthen the Trust's relationship with primary care, three new Associate Medical Directors had been appointed, who would work closely with clinicians to improve the experience of patients, both inside the hospital and when discharged back into the community.

The Trust was also trying to reduce its use of high-cost staff; it now had around 500 more substantive full time staff than in 2021. It was reducing its dependency on bank and agency staff and was now in a position where nearly nine out of every ten people working in the Trust, was employed directly by it. It was also working with Barts Health NHS Trust, to ensure a sustainable workforce. Staff wellbeing was also a Trust priority, with a number of initiatives being undertaken to support this, such as enhanced petrol reimbursements for community-based employees, financial wellbeing days and free period products.

The Group Chief Executive of Barts Health NHS Trust then provided an update on work at Barts. The Trust had appointed substantively to all of its hospital CEO roles, with its new Chief Operating Officer due to start in

January 2023. In terms of elective recovery, the Trust had cleared the majority of patients waiting over two years for treatment, except where patients had chosen to delay their treatment or complex surgery was required; 78-week waiters were the next priority area, with a national target to clear these by March 2023.

The Chief Executive stated that Covid-19 pressures remained, with vaccinations for both flu and Covid-19 being central to strategy across the system. He also encouraged Councillors to utilise their own networks, to encourage vaccination uptake amongst the local community. Positively, monkeypox case numbers were dropping across its hospitals, with the Trust also having been a part of the largest monkeypox international study, which would lead to more patients being diagnosed faster.

The collaboration between BHRUT and Barts Health had recently been further strengthened through the appointment of three joint Non-Executive Directors. There were a series of workstreams in place to benefit both staff and patients, covering planned care, urgent emergency care, finances, workforce, digital informatics and leadership and governance.

In response to a question from a Member, the CEO of BHRUT explained that whilst the results of the most recent NHS inpatient survey had been published in September 2022, the survey had been undertaken in November 2021 with around 350 patients. The results had proved concerning and a variety of initiatives had been put in place to best understand and rectify these, such as follow-up sampling with groups of patients to further understand any issues, improving communication between medical staff and patients and improving the hospital discharge process. The Trust was also in the process of establishing patient panels, for patients and their families to meet service leads, provide feedback about their care and then return at a later date, to view progress made in response. The numbers of nursing staff and ward clerks were also being increased, to ensure additional capacity and support.

The Chief Executive at NHS North East London (NEL) stated that NEL had been considering how it could best meet the Secretary of State's delivery plan for addressing the backlog of elective care, as well as how it could take a more creative approach to issues such as workforce capacity. The CEO of BHRUT and the CEO of Barts Health stated that much work was being undertaken to improve the backlog of diagnostic activity, for elective outpatients and for surgery patients, with a commitment to work towards Government standards. The Committee would be kept informed of progress.

In response to a question around an amber warning for blood stocks and the fact that many hospitals were looking to reduce their elective surgeries in line with this, the Trusts were looking at blood stocks on a daily basis and the implications of these on their elective activity. This was a national issue; whilst both trusts had not yet had to cancel any of their elective activity, this could potentially occur should stocks not return to higher levels.

The CEO of Barts Health stated that whilst there was a limited supply of the monkeypox vaccine, there were stocks of this available at the sexual health centre at the Royal London Hospital in Whitechapel. Following the meeting, the Committee would also be provided with an update in regards to the exact coverage of vaccination centres across NEL.

The CEO of NHS NEL then outlined the objectives relating to winter planning and actions being taken to achieve these, such as through supporting care homes with wraparound support to prevent resident hospital admissions, working with local authority colleagues to focus on initiatives around enhanced domiciliary care, and undertaking winter communications campaigns. She also detailed the Autumn Covid-19 booster and flu vaccine programme, as well as initiatives to vaccinate children against measles, mumps and rubella (MMR) and polio.

The Programme Director - Primary Care and the Head of Primary Care at NHS NEL also provided the Committee with an update on the support frameworks that had been put in place for primary care, such as the establishment of a digital staff bank platform for NEL, software to support with appointment delivery in community pharmacies and GP practices and additional funding from NHS England to support primary care networks (PCNs) to deliver additional GP appointments across the winter period. The Head of Primary Care also provided an update on the “enhanced access” service, which had commenced on 1 October 2022, enabling patients to access planned care outside of normal core hours and which saw GP practices open between 6.30pm-8pm from Mondays to Fridays, and between 9am and 5pm on Saturdays. Every patient would have access to this service, with PCNs working collectively to provide this. This service was available nationally; however, different locations outside of NEL may operate at slightly different hours. The Committee agreed to receive some further information about the “enhanced access” service, outside of the meeting.

In response to questions from Members, the CEO of NHS NEL stated that whilst the system was anticipating lots of pressure this winter, the NHS was working closely with social care colleagues to understand any risks and mitigate these where possible, as well as with its community and mental health providers to ensure that they were also well prepared and had contingencies in place. System-wide information sharing was taking place, extra beds were being made available for winter, and risk registers and business continuity plans for all of the individual institutions, as well as across the system, were in place.

17 DEVELOPMENT OF THE INTEGRATED CARE STRATEGY

The Chief Executive at NHS North East London (NEL) delivered an update on the development of the Integrated Care Strategy, which outlined the purpose of the document, the principles of the NEL Integrated Care System (ICS), the new system strategy landscape, national requirements for

Integrated Care Strategies, the stakeholder workshops taking place to develop NEL ICS priorities and the next steps to be undertaken.

The draft Strategy would be completed by the end of December 2022 and would then be presented to the NEL Integrated Care Partnership for agreement in January 2023. In response to questions from Members, the CEO stated that whilst she did not have a draft that she could readily share with the Committee at this point for the purpose of consultation, the stakeholder workshops were producing much of the content for the draft Strategy; she would be happy to share the summaries of these, and the population health profile, with the Committee. Whilst the national timelines for the production of the Strategy were unsatisfactory, NEL ICB hoped to be able to present the draft Strategy to the Committee at its next meeting on 10 January 2023, before final presentation to the ICP. Following approval, the Strategy would be subject to continuous engagement as to its development.

The CEO also stated that workforce was an important priority within the strategy and was also subject to much ongoing work outside of the strategy. Whilst the work was focused mainly on local employment, additional work was being undertaken around creatively looking at different roles and approaches that could address issues such as winter pressures, as well as urgent and emergency care.

Long-term conditions encompassed all age ranges; however, long-term conditions were more prevalent within the older population. There was lots of work being undertaken on frailty pathways, to ensure that people in NEL were able to age well, and NEL place-based partnerships also focused on aging. Early cancer detection was also very important, with a large focus on this at the stakeholder workshop on long-term conditions. The CEO anticipated that a core element of the strategy would focus on ensuring early intervention.

18 ACUTE PROVIDER COLLABORATIVES - DEVELOPING PLANS

The Chair of BHRUT and Barts Health updated the Joint Committee on the Acute Provider Collaborative in North East London (NEL), which was in the early stages of development. The priority of this collaborative would be to support the overarching goals of the NEL Integrated Care System, through improving outcomes for patients by ensuring better and fairer access and ensuring that services provided value for money, were resilient and collaborative. The priorities for the collaborative included programmes for planned care, urgent and emergency care, critical care, babies, children and young people, maternity care and cancer care.

Workforce and education across the three trusts would be reviewed, as well as informatics and digital work, with each of these programmes being led by a hospital or Trust Chief Executive. A shadow board had also been established, chaired by the Chair of the Homerton Hospital NHS Trust and with the Chair of BHRUT and Barts Health as the vice chair. As this moved out of shadow status, it would be able to consider how it could best engage

with patients, as well as link to other NHS providers and the place-based work that was taking place as part of the development of the ICS.

As part of its programmes, the Shadow Board was also clear as to the need for measurable short-term improvements in patient care, particularly around clinical areas and how it could best demonstrate that the work that it was doing was bringing benefits to NEL patients, both in terms of their care and their experience of NEL, as well as how sustainable improvements in equity for NEL populations could be best delivered.

An Acute Clinical Strategy was in the process of being developed, which would also feed into the Integrated Care Strategy as outlined in item 6 of this agenda. Whilst the Strategy had been delayed, this was to take into account new ICS arrangements and learnings from the Covid-19 pandemic. Once prepared, the draft Acute Clinical Strategy would be presented to the Committee, as well as any proposals in terms of services for wider engagement. The agreed Strategy would also be subject to further engagement in terms of its future development.
In response to questions from Members, the Chair of BHRUT and Barts Health stated that she would be liaising with the chair in common of East London NHS Foundation Trust and North East London NHS Foundation Trust once appointed, with much work already being undertaken on a daily basis in regards to mental and physical health parity and joint working between mental health providers and emergency departments. Close working was already being implemented between the Trusts and primary care, which would continue to be built upon in the future.

19 **WORK PROGRAMME**

The Committee suggested receiving feedback from the Care Quality Commission's report, to be integrated with feedback and complaints made across the hospitals within NEL, and the numbers of these complaints and how they were being dealt with, to provide an overall view on performance and outcomes for patients. The Committee also requested that the Integrated Care Strategy be presented to its 10 January 2023 meeting.

Chairman

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 10 JANUARY 2023

Subject Heading:	NHS North East London – Health Update
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Officers will give details of a number NHS initiatives affecting Outer North East London
Financial summary:	No financial implications of the covering report itself.

SUMMARY

NHS officers will give updates on a number of areas of relevance to the Joint Committee.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

The Joint Committee has asked for further information on a number of issues regarding local NHS services. Further details are given on the attached presentation.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

North East London Health & Care Partnership

North east London trust updates

10 January ONEL JHOSC

BHRUT

North East London Health & Care Partnership

Reducing our waiting lists

- The total number of patients waiting 18 months or more reduced from 474 in July to 124 in December
- Our 'super' clinics continue; Gynaecology 'Perfect' Week treated 81 women. It would usually take around a month to carry out this number of operations
- Construction has also started on our £14m Surgical Hub at KGH, which will see us complete, on average, at least 16 additional operations per day
- Patients are also benefitting from faster diagnosis thanks to more diagnostic equipment at Barking Community Hospital. We've also submitted a planning application for a £15m Community Diagnostic Centre at the site, which would provide a range of tests and scans, such as CT, MRI and ultrasound

Care Quality Commission (CQC) inspection: November 2022

- Inspectors visited our Emergency Departments (EDs), medical wards at Queen Hospital (QH) and King George hospital (KGH) and diagnostics at KGH. They also conducted a well led review
- CQC had particular concerns about the lack of flow across our hospitals and long waits in EDs. We are waiting for their full report, however we have already started work to address the issues
- Positive feedback included how welcoming our staff were and praise from some of our patients about the care they were receiving

Urgent and emergency care (UEC)

- We've seen an increase in mental health (MH) patients in our EDs waiting longer than they should be for the MH services they need. In November we had 40 patients who waited over 36 hours to be referred to MH services. We're working with MH trusts and councils to reduce delays and we're adapting our departments to provide a better environment
- At QH we launched Operation Snowball to reduce waiting times by proactively moving patients each hour out of ED and onto the relevant ward
- In September, an additional 75 patients moved through the Frailty Unit, with more patients transferred earlier in the morning. Average length of stay in the unit decreased by four hours. We're now doing the same with other departments and continue to work with partner organisations to improve discharges

Supporting our staff with cost of living

- We've held two more marketplaces, which were expanded to include toys, clothes, household items and food
- Together with other initiatives including uniform vouchers and free period products, we've supported more than a thousand members of staff so far

Senior leadership

- Our Executive team has been boosted by the appointment of Janine La Rosa who has joined us from NHS London as our new Chief People Officer

Barts Health update December 2022

North East London Health & Care Partnership

- **Winter pressures and planning:**
  - The number of occupied beds across our hospitals - more than 1,500 – is already as high as last winter.
  - We have almost completed our annual Winter Planning process and will be working across the system to reduce pressure in emergency department (ED) and getting ambulances back on the road as soon as possible.
  - Our REACH programme enables clinicians to engage with primary care, 111 and ambulance teams to agree the most appropriate emergency care for patients rather than patients coming straight to A&E. This has significantly reduced ED attendances, and the scheme will extend across BHRUT for winter
  - There will be a system wide response and we are discussing with Tower Hamlets, Newham and Waltham Forest the appropriate mitigations, including step down beds, virtual wards and support for complex discharge where out of hospital support is required.
  - We are still caring for up to 80 Covid positive patients, though most are primarily being treated for other illnesses or injuries. The numbers are a third of the level at the Omicron peak, but our winter planning includes a scenario where Covid increases significantly
- **Elective**
  - Our longest waiters are now almost cleared, with the last remaining patients due to receive treatment in December
  - As part of our winter planning we will include options to maintain our elective programme over what will be a challenging winter
  - This will include a prioritisation framework that will ensure those most in need of treatment will be prioritised
- **Staffing:**
  - We welcomed the first cohort of security and reception staff (Soft Facilities Management services) who were previously employed by Serco into the Barts Health family in November. Further teams will transfer to Barts Health over the coming months.
  - There are over 70 new midwives set to join the Trust in the coming months to strengthen our maternity services.
  - Members of the Royal College of Nursing employed at Barts Health hospitals will not take industrial action this winter, as the number of staff members taking in the strike ballot did not meet the workplace legal threshold for their vote to count.
  - We are continuing to develop our contingency plans for further potential strikes.
- **Award-winning discharge project:** A Barts Health project to cut the time spent in hospital for heart attack patients won a 2022 HSJ award for ‘Acute Sector Innovation’. The ‘AMI early discharge pathway’ was established at the start of the Covid-19 pandemic by Barts Heart Centre clinicians concerned about a shortage of beds and the risk to patients of catching Covid whilst recovering in hospital.

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 10 JANUARY 2023

Subject Heading:	Care Quality Commission (CQC) In-Patient Survey 2021
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Details will be given of the recent CQC in-patient survey
Financial summary:	No financial implications of the covering report itself.

SUMMARY

An update will be given at the meeting on a recent survey of in-patients at BHRUT that was undertaken by the Care Quality Commission.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

Details are attached of a recent survey of the views of in-patients at BHRUT hospitals. An overview of the results and actions arising is given and further details will be given at the meeting.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

CARE QUALITY COMMISSION (CQC) INPATIENT SURVEY 2021

ONEL JHOSC

January 2023

Kathryn Halford
Chief Nurse

TAKING PRIDE IN OUR CARE

NHS
Barking, Havering and Redbridge University Hospitals NHS Trust

CQC ANNUAL INPATIENT SURVEY 2021

- The survey looked at the experiences of people aged 16 or over, who stayed at least one night in hospital in November 2021

- 1,250 people were invited to take part in the survey and 320 responded (28 per cent)

- Historically, we have not shown signs of sustainable improvement and disappointingly, many areas received a worse rating compared to our 2020 results

- Over the last year since the survey was undertaken, we've been working hard to improve, and feedback from our patients shows the changes we're making are having a positive impact

OVERVIEW OF INPATIENT SURVEY RESULTS

	2020	2021
Nurses	8.2	7.6
Care and treatment	7.9	7.2
Leaving hospital	6.5	6.2
Respect and dignity	8.8	8.2

Care Quality commission

	2020	2021
Admission to Hospital	6.8	6.3
The hospital and ward	7.7	7.1
Doctors	8.5	8.1
Operations and procedures	8.0	7.3
Overall experience	7.9	7.4

	2020	2021
Feedback on care	1.4	2.4

OVERVIEW OF INPATIENT SURVEY RESULTS

Where patient experience is best

- Being asked to give their views on the quality of their care
- Not being bothered by noise at night from other patients
- Getting enough to drink whilst in hospital
- Given enough privacy when being examined or treated
- Given enough help from staff to eat meals, if needed

Calculated by comparing our results with the average of all trusts. These are the five results for our Trust that are highest compared with the average of all trusts.

OVERVIEW OF INPATIENT SURVEY RESULTS

Where we need to improve

- Feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- Staff explaining reasons for ward changes during the night
- Being given information about further health or social care services they may need after leaving hospital
- Being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- Being given enough support from health or social care services to help them recover or manage their condition after leaving hospital

Calculated by comparing our results with the average of all trusts. These are the five results for our Trust that are lowest compared with the average of all trusts.

HOW WE'RE IMPROVING OUR PATIENTS' EXPERIENCE

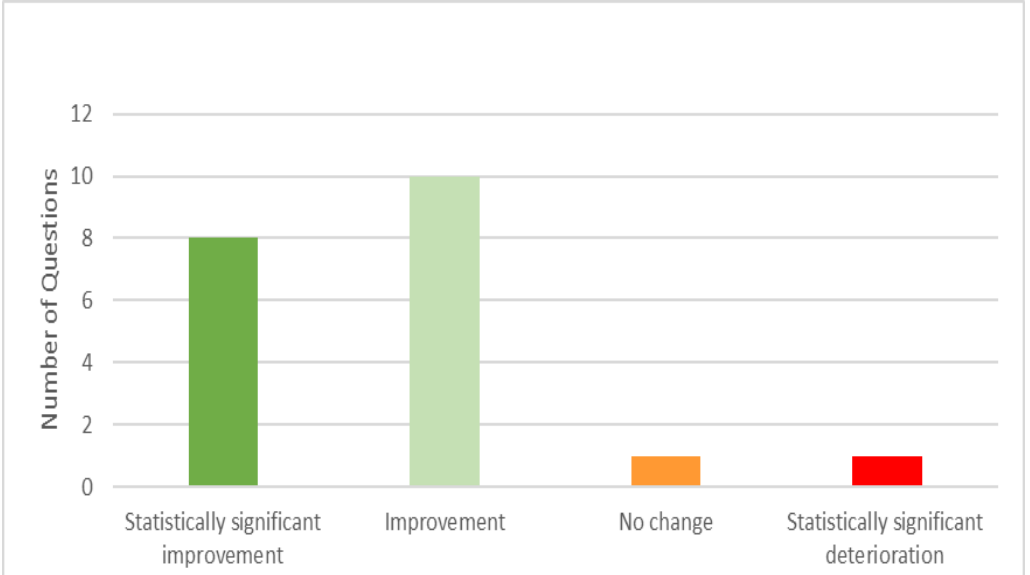
Our latest initiatives include:

- Patient panels: patients and relatives invited to feedback to the staff involved in their care and return to learn about changes introduced as a result. The first panel launches in January, focusing on child health
- Listening events and focus groups, ensuring patients can tell us what they want about their experience, rather than answering specific questions we've asked them
- Patient partner and volunteer discussions with patients to feedback to staff
- Improved discharge process, including the reintroduction of post-discharge wellbeing calls and letters to check the patient is doing well since going home and to capture feedback on their experience with us
- A dedicated Patient Experience team member allocated to each division, to work alongside clinical staff and focus on the individual issues affecting different wards
- Review of our Ward Accreditation patient experience questions; Healthwatch are being asked to undertake the survey
- Recent audits are promising, with many areas showing improvement on the inpatient survey results

OUR INTERNAL AUDIT RESULTS

Between January and August 2022, we conducted a replica inpatient survey by asking patients the bottom 20 questions from our 2021 CQC inpatient survey results.

- 8 showed significant improvement
- 10 showed improvement
- 1 showed no change
- 1 significantly deteriorated



We are determined to do better in the 2022 survey. There is a lot more we can do and we're continuing to drive forward changes, working with our patients to focus on those that matter to them.

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 10 JANUARY 2023

Subject Heading:	Integrated Care Strategy Development
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	Officers will detail the development of the Integrated Care Strategy for Outer North East London.
Financial summary:	No financial implications of the covering report itself.

SUMMARY

NHS officers will detail will detail the latest position with the development of the Integrated Care Strategy for North East London.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

Following the establishment of the Integrated Care Partnership for this sector in July 2022, details are attached of the current development of the Integrated Care Strategy.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

North East London Health & Care Partnership

NHS North East London

North East London Integrated Care Strategy development

Joint Overview and Scrutiny Committee

Hilary Ross, Director of Strategic Development, NHS North East London

December 2022

Introduction

- In July our **Integrated Care Partnership** was formally established. This is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop an **integrated care strategy** for the area.

- The Department for Health and Social Care has issued **guidance for integrated care strategies** with a suggestion that partnerships may wish to develop interim strategies in order to influence system planning for 23/24 ahead of further strategy guidance expected in June 2023.

- System partners across North East London Health and Care Partnership have already reached collective agreement on **our ICS purpose and four priorities** to focus on together as a system . These priorities will be at the heart of our integrated care strategy in NEL.

Broad system-wide engagement including a series of well attended system-wide stakeholder workshops, and discussions with Health and Wellbeing Boards and place based partnerships has shaped our plans for progressing the four system priorities. Our engagement has also identified six cross-cutting themes describing ‘how’ we will work differently as an integrated care system. The priorities and cross-cutting themes will set a clear direction for the development of the new NHS Joint Forward Plan due end March 2023.

- While the strategy has been informed by discussions with local people and existing insights via Healthwatch, the key messages, priorities and success measures will be tested further with local people through a ‘Big Conversation’ planned to take place in Spring 2023.

- The interim strategy document will be completed taking on board any further feedback from the Integrated Care Partnership on 11 January. The strategy will not however be a one–off process, more a dynamic dialogue across all parts of the system and with local people.

Following the next slide where we have suggested some questions for discussion, we have included draft content in development on the four system priorities and six cross-cutting themes. We are continuing to develop the other sections of the strategy which include the introduction and context, overview of our population, and a section at the end on the foundations of a well-functioning integrated system.

Questions for discussion

1. Are there any key areas missing from our priorities or cross-cutting themes or anything we need to emphasise differently particularly at this stage in order to influence the NHS Joint Forward Plan?

2. Have we set the right level of ambition and scope in our success measures for the new system strategy?

Draft content

Improving outcomes and tackling inequalities - our four system priorities

To provide the best start in life for the Babies, Children and Young People of North East London

Our context and case for change-

- Babies, children and young people comprise one quarter of our population.
- In all our places except Hackney and Havering we have a higher proportion of babies born with a low birth weight than the England average. Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life.
- In all our places except Havering, we have a higher percentage of children living in poverty than the England average (15.6%). This is likely to have been exacerbated by recent challenges including the pandemic and cost of living pressures. There is a strong link between childhood poverty and poorer health outcomes including premature mortality. There is also evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.
- Assessments indicate that 38,000 pupils in north east London need special educational support. 13,600 of these pupils have Educational, Health and Care Plans which outline the support they receive and these numbers are increasing.
- In all places in NEL, overweight and obesity in children is higher than the England average (35%). Barking and Dagenham and Newham respectively have the highest and fifth highest rates in England. Dental decay in 5-year olds is also higher in all our places compared to England.
- We saw physical and mental health outcomes deteriorate during the Covid-19 pandemic, particularly for vulnerable children and those with long term conditions within disadvantaged communities. In north east London at least 18,099 children and young people have asthma, 1,370 have epilepsy and 925 have type 1 diabetes.
- We are currently seeing substantial pressures on child health urgent care services which is likely to be connected to the recent pandemic and cost of living pressures.
- Currently there are 3,343 babies, children and young people in north east London with life limiting conditions requiring palliative and end of life care, and this number is gradually increasing.

Key messages we heard through our engagement

Support for young people feels unequal, and varies depending on stage of life.

I want to be involved in decisions about my care, and I don't always feel that my needs are understood.

The care I receive feels rushed and impersonal, and has varied in quality across services and at different stages of my life.

What we need to do differently as a system

Create the conditions for our staff to do their best possible work including creating a safe multi-disciplinary learning environment spanning teams across north east London, provider collaboratives and place-based partnerships with a focus on co-production, quality improvement and trauma-informed care.

Focus on tackling health inequalities by working with our place-based partnerships to increase support for our most vulnerable children and their families, developing an enabling programme of work which addresses workforce challenges, supports data capture and benchmarking, and promotes better communication.

Develop clearly defined prevention priorities supporting place-based partnerships to focus on the most deprived 20% of the population and other underserved groups, as well as a focus across north east London on prevention priorities including obesity and oral health.

Develop community-based holistic care, building community capacity, aligning to family hubs and strengthening adolescent healthcare. Through social prescribing and multi-disciplinary teams we will enable links to community assets including the community and voluntary sector and put health inequalities at the heart of our work

Prioritise our children and young people's mental health, recognising the importance of support, and timely access to information, advice and care. We will harness the potential of the digital offer and work with children and young people to design and deliver high quality, accessible services in a range of settings.

Improve prevention and support for babies, children and young people with long term conditions such as asthma, diabetes and epilepsy, by supporting greater personalisation of care and prevention activities across north east London.

What success will look like for local people

- *I have the same experiences and range of support for my development, health and wellbeing, no matter where I grow up in north east London*
- *I have the opportunity to access healthcare, education and care in ways that suit me and my goals*
- *I receive high quality and timely personalised care at a place of my choice*
- *I am treated with kindness, compassion, respect, information and communication is accessible and understandable*
- *I have opportunities to share my experience and insight, and seen change that I have influenced*
- *I have people who treat and look after me care as I move through the different stages of my life*
- *I am involved in decisions about my care*

What success will look like as outcomes for our population

- Reduce proportion of babies born with low birth weight in north east London
- Identify children living in poverty within our communities and ensure they are receiving the support they need to live a healthy life including equitable access to and outcomes from our health and care services
- Strengthen our focus on prevention, reducing levels of childhood obesity and dental decay and increasing uptake of childhood immunisation
- Strengthen our support for children living with long term conditions and address health inequalities by reducing the number of asthma attacks, increasing access to prevention and self-management for children and young people with diabetes (particularly those living in poverty or deprivation and those from black and ethnic minority backgrounds), increasing access to specialist epilepsy support for children, including those with learning disabilities and autism
- Improve access to children and young people's mental health services, and support young people better through the transition to adult mental health services
- Reduce the number of young people reporting that they feel lonely and isolated
- Collaborate between education, health and social care to meet the needs of children with special educational needs and disability

To support everyone at risk of developing or living with a long term condition in north east London to live a longer and healthier life

Our context and case for change

- 31% of our residents have a long term condition. Living with a long term condition can impact on many aspects of a person's life, including their family and friends and their work. People with a long term condition are more likely to suffer from further conditions or complications over time, including poor mental health.
- Long terms conditions account for half of GP appointments, 70% of inpatient bed days and 70% of the acute care budget.
- Long term conditions cannot be cured but when managed effectively, the impact the condition has on a person and their life can often be alleviated or delayed. Some long term conditions can also be prevented completely through healthier behaviours.
- People living in deprived neighbourhoods and from certain ethnic backgrounds are more likely to have a long term condition and to suffer more severe symptoms. For example, the poorest people in our communities have a 60 per cent higher prevalence of long term conditions than the wealthiest and 30 per cent higher severity of disease. People of South Asian ethnic origin are at greater risk of developing Type 2 Diabetes, and people with an African or Caribbean family background are at greater risk of sickle cell disease.
- Our population has a higher prevalence of type 2 diabetes, and several other conditions including hypertension and chronic kidney disease as well as a higher mortality rate for cardiovascular disease in the under 75s. One in five of our residents has respiratory disease. Further, there are likely to be high levels of unmet need – highest in our 'underserved' communities - that are not showing in the data but require proactive identification and better management.
- Two-thirds of people with at least one long term condition have more than one mental health problem, including depression and/or anxiety, and there is a growing connection between living with a long term condition, social isolation and low self-esteem.

Key messages we heard through our engagement

Care for people with long term conditions feels unco-ordinated and fragmented.

I am not always clear who I can turn to with a problem, where I can access non-medical support in my local community or support with my emotional and psychological wellbeing.

I do not want to be asked to repeat my story to different professionals and I want my transition from service to service to be much better co-ordinated and supported.

What we need to do differently as a system

Better coordination of care, including between mental and physical health, and better transitions between different services, such as between child to adult services.

Empower and resource local communities and voluntary organisations to increase support for prevention and self-management, de-medicalising and destigmatising day to day support for long term conditions through social prescribing, increasing access to emotional and psychological support and widening peer support.

More consistent communication with people living with long term conditions and their carers, including in relation to their end of life care. Ensuring that people are at the heart of every conversation and that we focus on their holistic needs and strengths (not just their care).

Support health creation within local communities, increasing opportunities and support for making healthier choices, including starting health and well-being conversations in early years and working together to reduce the number of people in north east London living with risk factors such as obesity or smoking.

Lead by example as a large employer across north east London. Through our priority on workforce and local employment we will identify what more we can do as employers to encourage healthy behaviours and to support colleagues with long term conditions. We will also do more to value and support informal carers in recognition of the significant contribution they make to the health, wellbeing and independence of local people.

More intelligent identification of those with long term conditions or risk factors to support those affected to take earlier and more proactive action particularly among 'underserved' communities where there are high levels of unmet need.

What success will look like for local people

- *I receive the support I need to make healthier life choices, increasing my chances of a long and healthy life*
- *If I develop a long term condition, it will be identified early and I will be supported through diagnosis; with my individual needs taken into account*
- *I feel confident to manage my own condition, and there is no decision about me without me*
- *I am able to access timely care and support from the right people in the right place*
- *I feel my quality of life is better because of the care and support I received*
- *I am able to care for my loved one, my contribution is recognised and valued and help is there for me when I need it*

What success will look like as outcomes for our population

- Reduce prevalence of obesity and we will be smokefree by 2030
- Reduce the number of people with long term conditions diagnosed in an urgent care setting and increase early diagnosis of cancer
- Increase uptake of vaccines for people with chronic respiratory conditions to prevent more emergency hospital admissions
- Increase hypertension case finding in primary care to minimise the risk of heart attack and stroke within our population
- Increase the proportion of local people who say that they are able to manage their condition well
- Increase the proportion of local people who are able to work and carry out day-to-day activities whilst living with a long term condition
- Improve the mental health and wellbeing of people with long term conditions and their carers

To improve the mental health and wellbeing of the people of north east London

Our context and case for change

- Mental health affects how we think, feel and act, and has a profound impact on our day-to-day lives. It is strongly linked with wider health outcomes and therefore improvements here impact our overall ambition to improve the lives of people living in north east London.
- We are seeing a growing number of people in need of our mental health services. Recorded rates of depression have increased year-on-year in every borough in north east London over the past 5 years.
- The Covid-19 pandemic and cost of living crisis has brought new challenges, exacerbated inequalities, and often it has been those who were struggling before that are now being hit hardest. The number of referrals received across North East London Foundation Trust Mental Health Services has steadily increased since the pandemic began in early 2020 and is currently up 18.5% on the previous year.
- There has been a steady increase in demand for crisis support for children and young people by 82% between July 2020 and July 2022. Children and Young Adults Mental Health Services (CAMHS) have started to see crisis presentations stabilise, although referrals across most services continue to be higher than pre-pandemic levels.
- We still have further to go to ensure that people with mental and physical health conditions, including across their life course and people with dementia, get the right integrated support, as early as possible.

Key messages we heard through our engagement

I want those providing my support to consider me as a whole person

I want to access support in different ways that suit me and my goals, not just what is available and not when it is too late

I want to tell my story once and be involved in deciding what support will suit me and my family's, goals and needs

What we need to do differently as a system

Prioritising what matters to service users, carers and people with lived experience, so that service users and carers have an improved quality of life, with joined-up support around the social determinants of health.

Delivering local priorities for mental health, including the assets, wishes and aspirations of our communities, and the unmet needs and inequalities facing specific groups.

Improving access and integration, reducing inequality of access, and improving people's first contact with mental health services including ensuring that local people can access the support they need in the place that best placed for addressing their needs.

Enabling and supporting patient leadership at every level in the system so that service users are equally valued for their leadership skills and experience as clinicians, commissioners and other professionals.

Embedding and standardising our approach to peer support across north east London so that it is valued and respected as a profession in its own right, and forms part of the multi-disciplinary team within clinical teams and services.

Improving cultural awareness and cultural competence across north east London so that people with protected characteristics feel they are seen as individuals, and that staff are not making assumptions about them based on those characteristics.

Valuing the contribution of carers and providing more and better support to them so that they are able to provide better support for others as well as improve their own health and wellbeing.

What success will look like for local people

- *I feel happy and healthy in my life*
- *I have the same chances in life as my peers without adversity or vulnerability, we aren't hard to reach*
- *I am supported to get involved and see changes that I have influenced*
- *I have the same experience and access to a range of support regardless of where I live or go to school*
- *I am able to see all support available to me, my family and friends in one place*
- *I feel I have ownership of maintaining and improving my resilience and wellbeing*

What success will look like as outcomes for our population

- Increase the number of people diagnosed with dementia and improve support to people and their carers before and after diagnosis
- Address under-representation of people from black, Asian, and minority ethnic communities in talking therapy services
- Improve the physical health and premature mortality of people with a serious mental illness including ensuring annual health checks for at least 60%
- Increasing the availability and timely access for preventative mental health and wellbeing services for children and young people, particularly within schools and including increasing the number of schools covered by a Mental Health Support Team
- Increase the number of carers referred to IAPT services
- Create new peer support roles and increase the number of paid peer support workers
- Increase training for non-mental health specialists including receptions staff
- Reduce the gap in employment rate for people with long term mental health needs.

To create meaningful work opportunities and employment for people in north east London now and in the future

Our context and case for change

- North east London has almost one hundred thousand staff working in health and care, with over 4,000 in general practice, 46,000 in social care, and around 49,000 within our trusts. Our workforce are the heart of our system and play a central role in improving population health and care.

- Alongside our paid workforce, our thousands of informal carers play a pivotal role in supporting family and friends in their care, including enabling them to live independently. Analysis undertaken by Healthwatch shows inequalities of experiences for carers who have poor experiences in accessing long term conditions (51%) and mental health services (70%), between 61% and 73% did not feel involved and supported.

- Our employed workforce has grown by 1,840 people in the last year. Investment in primary care workforce has seen numbers grow by 3.7% in the last year, as well as a growth in training places for GPs.

- Retention and growth are a key part of all our workforce plans but we still have a number of challenges to overcome. We have an annual staff turnover rate of 23%, and we have heard from staff that burnout has been a growing problem after the Covid-19 pandemic.

- The interplay of increased workload and stress due to the pandemic is still having an effect. Sickness rates for north east London were higher than the national average of 4%, at 4.9%. Although we have the second lowest sickness rate in London, we know that mental health issues are the second highest reason for sickness, behind musculoskeletal problems.

- To achieve our ambitions as an integrated care system we need our workforce to be equipped with the right skills, values and behaviours to deliver our health and care services. To meet rising demand as our population grows and their health and care needs become more complex, we will also need staff to work in different ways, potentially in new roles, as models of care are adapted and improved.

Key messages we heard through our engagement

I value flexibility and work life balance over traditional rewards such as pensions

I want career development and career growth opportunities available to me locally

I felt over-worked before the pandemic and now it's really affecting my ability to work

I'm a local person with transferable skills but I don't feel local health and care jobs are accessible to me

I want the informal care I provide valued and supported

What we need to do differently as a system

Employ more local people supported by efficient, streamlined, and accessible recruitment processes, promoting diversity and ensuring that under-represented groups have the opportunity to be employed in our services. We will contribute to the local economy by upskilling and employing local people who are unemployed or at risk of unemployment as well as investing in growing our own workforce from within, creating a consistent pipeline in partnership with our education institutions, and utilising system-wide approaches for all sectors.

Work collaboratively to develop one workforce across health and care in north east London. We will work together to develop a deal that all employers will offer with a focus on flexible career development and improved access to a consistent wellbeing and training offer shared across providers.

Work together to progress the London Living Wage commitments across north East London.

Prioritise retention of our current workforce, and create the opportunities for development across organisations to ensure that we have a stable and high performing workforce in all services. We will develop system approaches to career pathways, leadership and development.

Support the health and wellbeing of our staff, with a consistent offer of support for staff which recognises the challenges brought by the Covid-19 pandemic and current cost of living crisis.

Develop and recognise our social care and voluntary workforce and prioritise specific retention programmes, ensuring that they have support when needed.

Value the contribution of carers and provide more and better support to them so that they are able to provide better support for others as well as improve their own health and wellbeing.

What success will look like for our people

- *Working in health and care in north east London, I feel valued and respected*
- *I have meaningful work and am able to support myself and my family financially*
- *I have access to training and career development opportunities whichever part of the local health and care system I am currently working within*
- *I feel I have local employment and volunteering opportunities across a range of health and care settings, regardless of my background*
- *I am able to care for my loved one, my contribution is recognised and valued, and help is there for me when I need it*

What success will look like as outcomes for our people

- Increase the number of local residents working in health and social care, ensuring that our workforce is representative of the community it serves.
- Our carers feel supported, valued and provided with the skills to deliver personalised care to meet the needs of our residents.
- Consistent and joint financial approach between health and care to avoid inequity across health and care sectors.
- Staff will be able to transfer easily between employers in health and care
- All staff in all sectors will have access to a consistent health and well-being offer, building on our Keeping Well NEL platform that supports staff retention.
- As part of our employment deal, a consistent offer of development, flexibility and mobility that all organisations in north east London sign up to, including recognition of skills across sectors and professions.
- We are increasing the ethnic diversity of board level and senior leadership to reflect the make-up of the population in NEL

Draft content

How we work as an integrated care system – our 6 cross cutting themes

Equity

Working together as a system to tackle **health inequalities** including a relentless focus on equity underpinning all that we do

What success will look like for our system

In addition to the specific health inequalities measures set out in relation to our four priorities above:

- Across north east London we are reducing the difference in access, outcomes and experience with a focus on people from black and minority ethnic communities, people with learning disabilities, people who are homeless, people living in poverty or deprivation and for carers.
- Healthy life expectancy is improved across NEL and the gap between our most and least deprived areas / those living in poverty and the wealthiest is reduced.
- We have improved ethnicity data collection and recording across health and care services and deliver inclusive, culturally competent and trusted health and care services to our population.
- Our staff have access to training on health inequalities and we routinely measure and address equity in NHS waiting lists.
- We are mitigating against digital exclusion.
- Tackle racism and increase cultural competence and cultural awareness in services

Prevention

A greater focus on prevention and **health creation** across the whole of our system including **primary** and **secondary prevention** and the wider determinants of health.

What success will look like for our system

In addition to the specific prevention measures set out in relation to our four priorities:

- We invest more in prevention as a system to reduce prevalence of long term conditions and mental health equitably across all of our places.
- We identify and address unmet need including diagnosing more people early and increasing access to care and support particularly for our most vulnerable or underserved groups.
- We invest in our community and voluntary sector to support prevention and early intervention in a range of ways to suit our diverse population.
- Through our role as anchor institutions, we support economic development by emplying local people and prioritising social value in procurement.
- We share and use data to identify the most vulnerable people living locally including those not using services and those frequently using services to provide more targeted and proactive support which better meets their needs.

Personalisation

We will deliver health and care that is **holistic, personalised and trauma–informed** supported by seamless integration across service and organisational boundaries.

What success will look like for our system

- Staff have access to all the information they need in one place to enable them to provide seamless care to local people and can share this information safely through our IT systems.
- Local people including carers only need to tell their story once through their health and care journey.
- Local people are asked what matters to them in setting their treatment or care goals and can access a wide range of non-medical support in the community.
- Particularly vulnerable residents are identified and given additional support to access services ensuring their experience and outcomes of care are equitable.
- Our staff are equipped to deliver trauma-informed care based on the principles of physical and psychological safety; trust; choice; collaboration; empowerment; and cultural competence.

Co-production with local people and all partners, particularly drawing on the **strengths and assets** of individuals and communities, rebalancing power.

What success will look like for our system

- We can evidence how decisions taken by our boards are informed by the views of local people.
- We helped establish a community and voluntary sector collaborative and actively support and resource its development.
- We train a wide range of health and care staff in co-production and power sharing approaches.
- We can demonstrate how we have identified and engaged underserved groups and the full diversity of our local population.
- We use existing sources of insight from local people including carers to shape our strategies and plans and resist repeatedly asking the same questions.
- We close the loop when we seek the views of carers and local people by feeding back.

High trust We will endeavour to develop a high trust environment supporting **partnership working, collaboration** and **integration** across the whole of our system, with the contribution all partners valued equally.

What success will look like for our system

- Partners in the ICS feel actively engaged
- Partners have adopted an ‘open book’ approach including how we spend our money
- We challenge each other constructively without blame
- We are open to new ways of working and share risk as a system

Learning system We will work as a learning health and care system making the best use of **data, evidence, research** and **insight** to drive continuous development and **improvement,** encourage **innovation** and accelerate progress through shared learning.

What success will look like for our system

- We use data, evidence and insights to build our understanding of our population and to drive our ambitions, priorities, transformation and improvements.
- We regularly review the impact we are having through evaluation of our services and transformation programmes and make changes based on this learning.
- We innovate and enable shared learning to accelerate adoption of innovation, research and best practice throughout our system.
- We support and encourage research that is focused on improving health and care for local people and involve more local people in research

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 10 JANUARY 2023

Subject Heading:	Learning from Lives and Deaths (LEDER) report
Report Author:	Anthony Clements, Principal Democratic Services Officer, London Borough of Havering
Policy context:	BHRUT Officers will respond to the issues raised in the LEDER report.
Financial summary:	No financial implications of the covering report itself.

SUMMARY

BHRUT officers will respond to the issues raised in the most recent report covering Learning from Lives and Deaths.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

Following concerns raised by Members regarding in particular the number of 'avoidable' deaths in hospital of people with learning disabilities reported in the LEDER report (which can be accessed via this link) officers from BHRUT will give an update on the Trust's views on and response to the report.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.